DEPARTMENT OF HEALTH AND HI MAN SERVICES CENTERS FOR MEDICARE & MED ID SERVICES PRINTED: 05/05/2011 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED B. WING 445476 NAME OF PROVIDER OR SUPPLIER 05/04/2011 HILLCREST HEALTHCARE SOUTH STREET ADDRESS, CITY, STATE, ZIP CODE 1758 HILLWOOD DRIVE KNOXVILLE, TN 37920 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE (X5) TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETION DATE **DEFICIENCY**) K 000 INITIAL COMMENTS K 000 K012 42 CFR 483.70(a) K3 BUILDING: 1-story Type II(222), unprotected, 1. The fire wall at the fire doors by rooms 105 and 122 was repaired by Facilities non-combustible construction with a complete Management Director on 5/6/11 to provide automatic sprinkler system. K6 PLAN continuous coverage from corridor wall to APPROVAL: 1970 K7 SURVEY UNDER: 2000 EXISTING corridor wall on both sides. K8 95-bed SNF/NF NFPA 101 LIFE SAFETY CODE STANDARD All fire walls were inspected by the Facilities K 012 Management Director on 5/6/11 to assure SS=D K 012 Building construction type and height meets one continuous coverage. of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 2. No residents were identified on 5/6/11 as being affected. 3. Administrator inserviced Facilities Management Director on 5/4/11 regarding This STANDARD is not met as evidenced by: coverage inspections. Based on observation and interview, the facility failed to assure two (2) hour fire wall construction Fire walls are inspected by the Facilities is maintained. Manager immediately following any repair or The findings include: contract work in the attic area, to assure no Observation and interview with the Maintenance penetrations have been made and not repaired. Director, on May 4, 2011 at 10:00 a.m. confirmed two (2) hour fire wall construction at the fire doors 4. Weekly inspections by Facilities by rooms 105 and 122 was not continuous from Management Director will be made for one corridor wall-to-corridor wall on both sides. month then once a month for two months NFPA 101 LIFE SAFETY CODE STANDARD and/or 100% compliance is met to assure no K 050 penetrations have been made and not repaired. SS=F Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. All audit results will be reported by the The staff is familiar with procedures and is aware Facilities Management Director to the that drills are part of established routine. monthly Quality Assurance Performance Responsibility for planning and conducting drills is Improvement meetings for review and assigned only to competent persons who are recommendations. qualified to exercise leadership. Where drills are This committee will determine if any conducted between 9 PM and 6 AM a coded revisions are needed to the audit plan. announcement may be used instead of audible RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE eficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that chashishad safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ng the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ollowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

MS-2567(02-99) Previous Versions Obsolete

Event ID: ZTPW21

Facility ID: TN4706

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If continuation sheet Page 1 of 2

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